

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | MT | 62814 | 8/1/99 |
| O.I.P.E. CLASSIFIER | | 49 | 9/3/99 |
| FORMALITY REVIEW | DM | 72223 | 9/10/97 |

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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